



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT FRANKFORT HOSPITAL

City of Hospital: Frankfort, IN

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 151316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6368939
Outpatient Patient Service Revenue	\$52621043
Total Gross Patient Service Revenue	\$58989982

2. Deductions From Revenue

Contractual Allowance	\$31585615
Other Deductions	\$5552538
Total Deductions	\$37138153

3. Total Operating Revenue

Net Patient Service Revenue	\$21851829
Other Operating Revenue	\$768312
Total Operating Revenue	\$22620141

4. Operating Expenses

Salaries and Wages	\$5974268	Employee Benefits	\$1567409
Depreciation and Amortization	\$432209	Interest Expense	\$16621
Bad Debt	\$761703	Other Expenses	\$13412358
Total Operating Expenses	\$22164568		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$455573	Total Assets	\$6442803
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$7493625

Total Net Gains	\$455573
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21015771	\$13562815	\$7452956
Medicaid	\$18651292	\$13424704	\$5226588
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19322919	\$10150634	\$9172285
Total	\$58989982	\$37138153	\$21851829

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$590	-\$590

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	358
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4550418
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1403162	
HCI Payments	\$0		
Subtotal	\$0	\$1403162	\$-1403162
Medicaid Shortfalls	\$0	\$1108675	
Subtotal	\$0	\$2511837	\$-2511837
DSH Payments	\$0		
Subtotal	\$0	\$2511837	\$-2511837
Medicare Shortfalls	\$0	\$-64804	
Other Government Programs	\$0	\$0	
Total	\$0	\$2447033	\$-2447033

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$55241	\$-55241
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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